

MULTIPLE DEPARTMENT  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 10476)

માર્ગદર્શક

**CLAIMS**

	AS FILED		AFTER 1st ALCOHOLIC		AFTER 2nd ALCOHOLIC	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	/		/		/	
2		1			1	
3					1	4
4					1	
5					1	
6					1	
7					1	
8					1	
9					1	
10					1	
11					1	
12	/		1		1	
13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19					1	
20					1	4
21					1	
22					1	
23	/		1		1	
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
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36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	3		3		4	
TOTAL DEF.	31		31		32	
TOTAL ALL	34		34		36	

	IND.	OEP.	IND.	OEP.	IND.	OEP.
61						
62						
63						
64						
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96						
97						
98						
99						
100						
TOTAL IND.	..					
TOTAL OEP.						
TOTAL	122520	115521	122520	115521	122520	115521